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(F	Requestor's Name)	
	(ddress)	-
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(A	(ddress)	
	City/State/Zip/Phone #	Δ
(C	ity/State/Zip/Phone #	!)
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
	Document Number)	
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Certified Copies	Certificates of	of Status
Special Instructions t	o Filing Officer:	
		_
W	P-221150	

Office Use Only

Stoke w/ Shalin Natcherl 2/7-will Send bal. apt/150+ Cheent cus to my attr



400287435874

03/02/17--01028--001 **150.00

07/01/16--01010--018 **70.00

11/18/16--01009--014 **87.50

02/07/17--01023--022 **1100.00

M. MILLIGAN MAR - 2 2017



October 14, 2016

SHELLIE MITCHELL 650 PRATT AVE. NW STE. C HUNTSVILLE, AL 35801

SUBJECT: ORME, ANTHONY-SYSTEMS, INC.

Ref. Number: W16000070454

We have received your document for ORME, ANTHONY-SYSTEMS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,100.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 516A00022168



November 21, 2016

SHELLIE MITCHELL 430 WYNN DRIVE HUNTSVILLE, AL 35805

SUBJECT: ORNE, ANTHONY-SYSTEMS, INC.

Ref. Number: W16000059420

We have received your document for ORNE, ANTHONY-SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00024917



December 7, 2016

SHELLIE MITCHELL 2ND REQUEST 650 PRATT AVE NW STE C HUNTSVILLE, AL 35801

SUBJECT: ORNE, ANTHONY-SYSTEMS, INC.

Ref. Number: W16000059420

We have received your document for ORNE, ANTHONY-SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00024917

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJ	Orme, Anth	iony - Systems, Inc.			
2.0		Name of co	orporation - i	nust include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence,		Good Standi	thorization to Transact ng" and check are subm in Florida.	
	return all correspo	ndence concerning t	his matter to	the following:	
			Name of Pe	son	
OASY	S, Inc.				
650 Pr	att Ave. NW, Ste. C	· · · · · · · · · · · · · · · · · · ·	Firm/Compa	ny	
Huntsy	ville, AL 35801		Address		
		Ci	ty/State and	Zip code	
finance	e@oasys-incorporate	d.com			
		E-mail address: (to	be used for	future annual report no	etification)
For fu	rther information c	oncerning this matte	r, please cal	:	
Shellie Mitchell		at (256 801-9006		
	Name of Person	\.	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL. 32301		Registration Division of P.O. Box 6		NG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	
Enclos	sed is a check for th	ne following amount	:		
5 70	0.00 Filing Fee	☐ \$78.75 Filing Fe Certificate of St		78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	. DASY	SIAC					
		orporation/must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "CO	MPANY," "CORPORATION	۷,"		
	пс., со., с	ыр, me, со, от согр. <i>у</i>					
	Orme, A	nthony-Systems, Inc					
	•	ble in Florida, enter alternate corporate name	•	• •	ig business in	Florida	1)
2.	Alabama	3.	27-38	347584 			
	`	y under the law of which it is incorporated)	(FEI number, if applicable)				
4.	11/04/2010	5.	·				
		of incorporation)		(Date of duration, if other	than perpetua	al)	
6.	09/10/2012						
		(Date first transacted business i (SEE SECTIONS 607.150,1 & 607.1			i+,\		
	LOYD OCAL	· · · · · · · · · · · · · · · · · · ·		•	ny)		
7	UN Plat	+ Are NW Ste. C HUNTER	ille	ce address)			_
		(Pfilici	pan om	ce address)			
	VII. 1811	(Current mail)	na add	ress, if different)	· .	f i	
		(Curent mani	ing add	icss, it different/		=;	•
Ω	Name and stree	t address of Florida registered agent: (P.	O Roy	NOT acceptable)			1.3
υ.	Name and succ	Business Filings Incorporated	O. Bo.	(NOT acceptable)		ಗು ಲು	1
	Name:	Dusiness 1 miles neorporated				ı	F.
Of	ffice Address:	1200 South Pine Island Rd.				1 m	
٠,٠	Tida Tida Coo.	Plantation		33324	A.	7.	
			<u> </u>	, Florida	* '	C-3	
		(City)		(Žip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: __ Vice Chairman: Address: **B. OFFICERS** Dr. Anthony M. Orme - CEO President: 650 Pratt Ave. NW, Ste. C Address: Huntsville, AL 35801 Greg Bacon - President Vice President: 650 Pratt Ave. NW, Ste. C Address: Huntsville, AL 35801 Secretary: Shallie Mitchell Ave. NW, Sto. C - Huntsville, AL 35801 Treasurer: Address: NOTE It nocessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Shellie Mitchell - Chief Operations Officer (COO)

(Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that OASYS, Inc. was formed in Madison County, Alabama on November 4, 2010. The Alabama Entity Identification number for this entity is 265-682. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20170221000034020

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

2/21/2017

Date

X 74. Menill

John H. Merrill

Secretary of State